Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD code to indicate the medical necessity of each test requested.

For Lab Use Only

Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD code to indicate the medical necessity of each test requested.

**SPECIMEN INFORMATION**

**CLINICAL INFORMATION (Use extra sheets if more than 3 specimens)**

**SPECIMEN A:**
- Alopecia Biopsy
- Lesional Biopsy
- Perilesional Biopsy
- Direct Immunofluorescent Stain/Stains (DIF)
- Indirect Immunofluorescent Stain/Stains (IIF)
- Electron Microscopy (EM)
- Send Duplicate Slide

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<th>Site / Slide Number</th>
<th>Collection Date</th>
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Clinical Findings:

Clinical Photos:
- Enclosed with Specimen
- Sent Digitally

ICD Code(s):
1. 
2. 

**SPECIMEN B:**
- Alopecia Biopsy
- Lesional Biopsy
- Perilesional Biopsy
- Direct Immunofluorescent Stain/Stains (DIF)
- Indirect Immunofluorescent Stain/Stains (IIF)
- Electron Microscopy (EM)
- Send Duplicate Slide

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Clinical Findings:

Clinical Photos:
- Enclosed with Specimen
- Sent Digitally

ICD Code(s):
1. 
2. 

**SPECIMEN C:**
- Alopecia Biopsy
- Lesional Biopsy
- Perilesional Biopsy
- Direct Immunofluorescent Stain/Stains (DIF)
- Indirect Immunofluorescent Stain/Stains (IIF)
- Electron Microscopy (EM)
- Send Duplicate Slide

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Clinical Findings:

Clinical Photos:
- Enclosed with Specimen
- Sent Digitally

ICD Code(s):
1. 
2. 

Customer Service (877) 717-3733
A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn’t pay for D. ______________ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. ______________ below.

<table>
<thead>
<tr>
<th>D. Reason Medicare May Not Pay</th>
<th>E. Reason Medicare May Not Pay</th>
<th>F. Estimated Cost</th>
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WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. ______________ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ OPTION 1. I want the D. ______________ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ OPTION 2. I want the D. ______________ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ OPTION 3. I don’t want the D. ______________ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:  J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.